

P15000060113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Email on 6/27/18 from
A. Park CPA with corrected
Adoption page (4 of 4).

50

Office Use Only



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06/20/18--01008--016 **35.00

S TALLENT

JUN 27 2018

Amend

FILED
18 JUN 27 PM 2:41
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2018

BOBBY THIEN NGUYEN
PHARMAX SPECIALTY PHARMACY, INC.
7808 WOODLAND CENTER BLVD
TAMPA, FL 33614

SUBJECT: PHARMAX SPECIALTY PHARMACY, INC.
Ref. Number: P15000060113

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DATE OF ADOPTION MUST BE A DATE ON OR PRIOR TO THE DATE THE DOCUMENT WAS SIGNED. THE EFFECTIVE DATE CAN BE A FUTURE DATE NO MORE THAN 90 DAYS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00013054

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PHARMAX SPECIALTY PHARMACY, INC.
P15000060113
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOBBY THIEN NGUYEN

Name of Contact Person
PHARMAX SPECIALTY PHARMACY, INC.

Firm/ Company
7808 WOODLAND CENTER BLVD

Address
TAMPA, FL 33614

City/ State and Zip Code

BNGUYE9@GMAIL.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

BOBBY THIEN NGUYEN 228 238-7105

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

PHARMAX SPECIALTY PHARMACY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000060113

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

N/A

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

BOBBY THIEN NGUYEN

Name of New Registered Agent

N/A

(Florida street address)

N/A

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

DocuSigned by:

Bobby T Nguyen

677649-30578408

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	VD	NASHWA EL HADIDY	7808 WOODLAND CENTER BLVD
<u> </u> Add			TAMPA, FL 33614
<u>X</u>			
<u> </u> Remove			
2) <u> </u> Change	VD	AHMED ELHOSSEINY	7808 WOODLAND CENTER BLVD
<u> </u> Add			TAMPA, FL 33614
<u>X</u>			
<u> </u> Remove			
3) <u> </u> Change	VD	SAMER H KADOUS	7808 WOODLAND CENTER BLVD
<u> </u> Add			TAMPA, FL 33614
<u>X</u>			
<u> </u> Remove			
4) <u> </u> Change	PD	BOBBY THIEN NGUYEN	7808 WOODLAND CENTER BLVD
<u>X</u>			TAMPA, FL 33614
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

JUNE 22, 2018

The date of each amendment(s) adoption: _____ if other than the date this document was signed. JUNE 22, 2018

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

6/27/2018

Dated _____

DocuSigned by:
Signature Bobby T. Nguyen

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BOBBY THIEN NGUYEN

(Typed or printed name of person signing)
PRESIDENT, DIRECTOR

(Title of person signing)